

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6408</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Kirk</u> <u>L</u> <u>Vogt</u> P.O. Box, Bldg., Room No., if any <u>Suite 101</u> Street <u>3485 W. Shaw Ave.</u> City <u>Fresno</u> State <u>California</u> ZIP Code + 4 <u>93711</u>	4. Name, file number, and address of labor organization. Name <u>Food and Commercial Wkrs. AFL-CIO</u> Labor Organization File Number <u>036-750</u> P.O. Box, Building and Room Number, if any <u>suite 101</u> Street <u>3485 W. Shaw Ave.</u> City <u>Fresno</u> State <u>California</u> ZIP Code + 4 <u>93711</u>
5. Position in labor organization. <u>Retail Division Director</u>	

Enter appropriate data below. If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

<p>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.</p>	
<p>6. Name and address of Employer (including trade name, if any).</p> <p>Name <input style="width: 90%;" type="text"/></p> <p>Trade Name, if any: <input style="width: 90%;" type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 90%;" type="text"/></p> <p>City <input style="width: 90%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>7.a. Nature of Interest, Transaction, or Income.</p> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div> <p>7.b. Amount.</p> <div style="border: 1px solid black; width: 150px; height: 30px; margin-top: 20px; margin-left: auto;"></div>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date _____

Telephone Number

Name of Person Filing **Kirk L Vogt**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **UFCW No. Cal. Health & Welfare Trust**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any **Box 9000**
Street
City **Walnut Creek**
State **California** ZIP Code + 4 **94598-0900**

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **UFCW No. Cal. Health & Welfare Trust**
Trade Name, if any:
P.O. Box, Bldg., Room No., if any **Box 9000**
Street
City **Walnut Creek**
State **California** ZIP Code + 4 **94598-0900**

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Received as reimbursement to attend meetings and educational conferences. I turned over reimbursement to Local Union because I received Local Union's Per Diem reimbursement.

12.b. Amount.

4540.47

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State
ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.